

Parents' Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sporting events.
- I will place the emotional well-being of each child ahead of a personal desire to win.
- I will support the coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all Greenville Recreation and Parks Department's youth sport events.
- I will remember the game is for youth—not adults.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or character development, or providing transportation.
- I will treat other players, coaches, fans, and officials with respect.

I hereby pledge to provide positive support, care, and encouragement for my child participating in GRPD's youth sports by following the Parents' Code of Ethics. I understand that failure to comply could result in my suspension from youth sporting events.

Parent/Guardian Signature

Date

Volunteer Coach's Application

Please complete if you would like to be a volunteer coach and make plans to attend our coaches' training.

Name:
Email Address:
Phone Number:
Child's Name
Child's Age Group:
Assistant Coach:
Assistant's Child:



The Greenville Recreation and Parks Department (GRPD) is currently accepting registration for the 2017 Spring Future Stars Soccer season.

How to register:

Mail completed form with check:

Greenville Recreation & Parks Department c/o Athletics PO Box 7207 Greenville, NC 27835

Make checks payable to GRPD. Please retain the information portion for practice times.

- Online at greenvillenc.gov
- In person at the following facilities:
- H. Boyd Lee Park
- Jaycee Park
- Sports Connection
- Drew Steele Center
- South Greenville Recreation Center
- Eppes Recreation Center

Registration forms must be received by the deadline of Monday, February 13, 2017.
Registration will not be accepted after February 13, 2017. This includes forms that are mailed in.

Please visit greenvillenc.gov for information about upcoming programs.

2017Sponsorship Opportunities

We are currently seeking team sponsors for the 2017 Spring season. Please contact Joe Dixon at (252) 623-7259 for more information.



2017 Spring Registration



For additional information, please call the Athletic Office at (252) 329-4550.



Age Groups: Leagues for age groups U4–U16 will be formed. The chart below is a break down of age groups by birth year.

League Play: Practices will begin Saturday, March 4, 2017 at Bradford Creek Soccer Complex. **Game times may differ from the initial practice times below:**

All U4 Boys	8:30 AM-9:30 AM
All U4 & U5 Girls	9:30 AM-10:30 AM
All U5 Boys	10:30 AM-11:30 AM
All U6 Boys & Girls	11:30 AM-12:30 PM
All U7 & U8 Girls	12:30 PM-1:30 PM
All U7 & U8 Boys	1:30 PM-2:30 PM
All U9 & U10 Girls	8:30 AM-9:30 AM
All U9 & U10 Boys	9:30 AM-10:30 AM
All U11-U13 Boys & Girls	10:30 AM-11:30 AM
All U14–U16 Boys & Girls	11:30 AM-12:30 PM

Registration will be taken January 2–February 13, 2017. Online registration is available at greenvillenc.gov. Requests for team placement will not be accepted. Future Stars will utilize two soccer complexes:

- PGSA Soccerplex (Hwy 43)
- Bradford Creek Soccer Complex (Old Pactolus Rd.)

Cost: \$40 per player

Shin guards are required and must be worn.
Players are not allowed to wear jewelry, including earrings, during games. Players will be contacted between February 27–March 1 by their coach.

Volunteer Coaches: A coaches meeting and clinic will be offered prior to the start of the season. Coaches will be notified via e-mail of the date, time and location of each meeting. All coaches should attend all meetings/clinics as information will not be duplicated. If interested, please complete the coach's application on the back of the registration form. For additional information, please contact the Athletic Office at (252) 329-4550.

BIRTH YEAR	AGE GROUP
2013	U4
2012	U5
2011	U6
2010	U7
2009	U8
2008	U9
2007	U10
2006	U11
2005	U12
2004	U13
2003	U14
2002	U15
2001	U16

2017 Spring Future Stars

Name:	†		 Last	
Birth date (MM/DD/YI		/_		
Gender (circle):	M		F	
City of Greenville Resi	dent: Y		N	
Address:				
City:Zip Code:				
Phone:Alternate:				
Email:				
Emergency Contact (F	hone Nu	mber 8	& Name):	
Medical Information (allergies,	special	l meds,	
Please check here if yo	vi wich t	n ho co	antacted regarding	
ADA accommodation				
Permission, Rele	ase, aı	nd As	sumption of Risl	
Future Stars Soccer sp. Parks Department (GF tion (PGSA), I hereby of Greenville, PGSA, i liability whatsoever for nection with my child? be binding not only for all legal successors in this program by all parules and regulations by them, or accept dishereby grant permissi promotional purposes of my child while part In the event my child hereby give permissionel selected by GRPD treatment or medicati actions are necessary physician or medical purposes of my child while part In the event my child hereby give permissionel selected by GRPD treatment or medicati actions are necessary physician or medical purposes of my child while part In the event my child hereby give permissionel selected by GRPD treatment or medicati actions are necessary physician or medical purposes of the property of t	onsored PD) & Pit assume a semploy rany injuration or myself, interest. In the photogram is injured, in to the pastaff to hoon for, are to treat mersonnel ary by the	oy Greet Green I risks a ees, ar ries or ation. I but also or the GRPD ee that r refusi and I obysicial ospital and to tany child selecters.	and release the City nd volunteers from all accidents in conintend this release to so on my family and a safe enjoyment of 0 staff has established my child will abide ing to follow them. If Greenville to use, fo and video images take program. cannot be contacted, an or medical personlize, secure proper ake whatever medical d, and I authorize the ed to provide treat-	
Parent/Guardian's Nar	ne (Please	e Print)) Date	

Please sign Parent's Code of Ethics on back cover.